

NASW IDAHO NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

INSTRUCTIONS

The information requested will be used in making nominations for elected and/or appointed positions. The information is essential for the careful consideration of a nominee. Please be complete and specific in your responses. The following information is requested to assist NASW in achieving the bylaws mandate to have its leadership positions representative of the membership. NASW cannot guarantee confidentiality of this information, though it is intended for internal use only.

To be completed by nominee.

Please submit an image of your face as well as a statement of intent to serve (1 page maximum) which should include a diversity statement, organizational skills, scope of social work knowledge and practice specialization. Please include any other additional skills or interests that would enhance NASW Idaho.

NOTE: All members elected and/or appointed to a position, must remain in good standing for the duration of their term as a volunteer leader of this association.

COMPLETE AND E-MAIL with attachments TO:
NASW - CCNLI
Email: dstone.naswor@socialworkers.org
Office: (503) 452-8420

DATE: _____

Member ID Number _____

NASW IDAHO CHAPTER NOMINATIONS/APPOINTMENTS BIOGRAPHICAL FACT SHEET

_____	_____	_____
Last Name	First Name	Middle Initial(s)
_____	_____	_____
Prior Name if different from above	Branch	City of Residence
_____	_____	_____
Job Title	Place of Employment & Address	State/Zip Code
_____	_____	_____
Preferred Mailing Address	City	State
_____	_____	_____
E-mail Address	[_____] Business Phone	[_____] Home Phone
[_____] Business Fax	[_____] Home Fax	

POSITION(S) SOUGHT: Please rank in order three (3) positions that you are willing to be nominated for with one being your first choice.

1. _____ 2. _____ 3. _____

By submitting this form, you are indicating that you have read and agree to fulfill the duties listed on the NASW Idaho website under the link "Leadership duties," for each of the positions you have listed above. You are also agreeing to abide by the "Board Member Code of Conduct" or "Committee Member Code of Conduct" and read the "NASW Idaho Diversity Guide."

If we are unable to slate you for the above position(s) would you be willing:

to be slated for any other position? YES NO

to be appointed to any other position YES NO

If "Yes" please list

Submitted by: Self Chapter staff Name _____

NASW member Name _____ CCNLI member Name _____

Applicant's Name _____

Member ID Number _____

NASW is looking for leaders who support the mission and goals of the Association, and who will support its growth and development on behalf of the membership and groups served by the profession. What leadership, collaborative skills and experience do you bring to this effort?

PROFESSIONAL HISTORY

Highest social work degree _____ Year earned _____

BSW, MSW, Ph.D., DSW etc.

Other professional degree(s) _____ Year earned _____

College/School of Social Work _____

Specify

Students: Indicate degree sought and year of anticipated graduation.

Degree _____

Year _____

License: specify _____
State Date Type

No Licensure in State

Social work credential(s) _____
(Specify) ACSW, DCSW, QCSW, SWS

NASW LEADERSHIP HISTORY Certain positions require prior NASW leadership experience. Please check the appropriate boxes describing your NASW experience.

a) As a board member National Chapter Year(s) _____

b) As a committee or task force member National Chapter Year(s) _____

c) As a section steering member Specify _____ Year(s) _____

d) As a branch leader Year(s) _____

e) As a delegate Year(s) _____

OTHER LEADERSHIP EXPERIENCE RELEVANT TO THE POSITION SOUGHT:

Organization	Position Title/Role	Year(s)
_____	_____	_____
_____	_____	_____

Do you have experience speaking to the media? YES NO

Do you have experience as a public elected official? YES NO

If yes please specify _____
Federal, State, or Local /Title and Term

Applicant's Name _____

Member ID Number _____

Have you ever or do you have pending: Adjudication for unethical practice? YES NO

Licensure or certificate disciplinary proceedings? YES NO

If "Yes" please explain and provide dates.

SOCIAL WORK EXPERTISE Please enter one (1) and two (2) in each section:

Primary and Secondary Practice:

- | | | |
|---|---|--|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Occupational SW/EAP |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Health | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Child/Family Welfare | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other _____ |
- Specify

Primary and Secondary Function:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Research/Policy Development | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical / Direct Practice | <input type="checkbox"/> Training | Specify |

Primary and Secondary Work Focus:

- | | | |
|---|---|---|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> International |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Health | <input type="checkbox"/> Violence/Victim Services |
| <input type="checkbox"/> Development/Other Disabilities | <input type="checkbox"/> Housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment Related | <input type="checkbox"/> Income Maintenance | Specify |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Individual/Behavioral Problems | |

Organizational Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Federal, Military | <input type="checkbox"/> State Government |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Federal, Nonmilitary | <input type="checkbox"/> Private Practitioner |
| <input type="checkbox"/> Private (Not-for-profit) | <input type="checkbox"/> Local Government | |

Languages other than English used in practice _____

Level of language skill: High Medium Basic

Applicant's Name _____

Member ID Number _____

OPTIONAL: The following information is requested to assist NASW in achieving the bylaws mandate to have its leadership positions representative of the membership. NASW cannot guarantee confidentiality of this information, though it is intended for internal use only.

Race/Ethnicity (check all that apply)

- African American (Not Hispanic in Origin)
- American Indian/Native Alaskan
- Asian American/Pacific Islander
- Chicano/Mexican American
- Other Hispanic/Latino
- Puerto Rican
- White (Not Hispanic in Origin)
- Other _____

Specify

- Gender: Female Male Transgender
- Sexual Orientation: Heterosexual Gay Male Lesbian Bisexual